U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

S Recu		For Official Use Only
		S Rec'd NB15205
E OLNS OF DE	Ε	Va. 8 - 1

1. File Number U -

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

	1 / 1 / 2004 Through: 12/31 /2004	
3. Name and address of person filing.	4. Name, file number, and address of labor organization.	
Name Roger E Poole	Name Machinists District No. 9	
	Labor Organization File Number 038-242	
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any	
Street 12365 St. Charles Rock Road	Street 12365 St. Charles Rock Road	
City Bridgeton	City Bridgeton	
State Missouri ZIP Code + 4 6 3 0 4 4	State Missouri ZIP Code + 4 63044	
5. Position in labor organization. Directing Business	Representative	
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions): A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of		
monetary value from an employer whose employees your organizati	on represents or is actively seeking to represent.	
Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.	
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any		
the second secon	7.b. Amount.	
Street		
City		
State ZIP Code + 4		
Signature		
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed Rogh Effoole	On 8-9-05 314-739-6200	
<u> </u>	Date Telephone Number	

Name of Person Filing Roger E. Poole	File Number U-
B. Held an interest in or derived income or economic benefit with monetary val substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or included the your labor organization or with a trust in which your labor organization.	wise dealing with the business /ely seeking to represent, or lirectly to, or otherwise
8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name Diekemper, Hammond, Shinners	X a. Labor Organization
Trade Name, if any:	b. Trust
P.O. Box, Bldg., Room No., if any	c. Employer
Street 7730 Carondelet Avenue - Ste. 200	Statem
City Clayton	
State MO ZIP Code + 4 63 10 5	
10. If 9.b. or 9.c. is checked give trust or employer's пате.	11.a. Nature of such dealing.
Name	Law firm representing District No. 9
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	11.b. Approximate dollar value of such dealing. 41,361.55
State ZIP Code + 4	12.a. Nature of interest held or income received. Two modest lunches/legal representation
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	or other thing of value.
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street City State ZIP Code + 4	14.b. Amount of payment.

Name of Person Filing Roger E. Poole	File Number U-	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
8. Name and address of Business (including trade name, if any). Name Fiduciary Consultants, Inc. Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 12444 Powerscourt Dr. — Suite 190 City St. Louis State MO ZIP Code +4 63131	9. Business deals with: a. Labor Organization X b. Trust c. Employer	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name District 9 Pension/Welfare Trust Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 12365 St. Charles Rock Road City Bridgeton State MO ZIP Code + 4 63044	Provides consulting services for both Trust Funds 11.b. Approximate dollar value of such dealing. 60,900.00 12.a. Nature of interest held or income received. Lunch/Dinner and golf outing 12.b. Amount. Approx. 150.00	
44.046.446.4	12.D. Alliouni.	
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money	r parts A and B above) or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any Street City		
State ZIP Code + 4		
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	

Name of Person Filing Roger E. Poole	File Number U-	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name J.M. Hartwell, L.P.		
Trade Name, if any:	a. Labor Organization X b. Trust	
P.O. Box, Bldg., Room No., if any	c. Employer	
Street 515 Madison Avenue - 31st Floor	Sampley of Lampley of	
City New York		
State New York ZIP Code + 4 10022		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name District 9 Pension Trust	Investment Manager	
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street 12365 St. Charles Rock Road	11.b. Approximate dollar value of such dealing. 124,777.00	
City Bridgeton	12.a. Nature of interest held or income received.	
State MO ZIP Code + 4 6 3 0 4 4	Dinner	
	12.b. Amount. 100.00	
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money		
 Name and address of Employer or Labor Relations Consultant (including trade name, if any). 	14.a. Nature of payment.	
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street		
City		
State ZIP Code + 4		
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	

Name of Person Filing Roger E. Poole		File Number U-	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
8. Name and address of Business (including trade name, if any). Name Invesco National Asset Management Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 400 W. Mark Street - Ste. 2500 City Louisville State KY ZIP Code +4 40202	9. Business deals with: a. Labor Organizat b. Trust c. Employer	ion	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealin	ıg.	
Name District 9 Pension/Welfare Trusts Trade Name, if any: P.O. Box, Bldg., Room No., if any	Investment M	anager	
Street 12365 St. Charles Rock Road	11.b. Approximate dollar value	of such dealing.	198,300.00
State MO ZIP Code + 4 63044	12.a. Nature of interest held Dinner	or income received.	
	12.b. Amount.		95.00
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	r parts A and B above) or other thing of value.		
Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.		
Name	and the court of t		
Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4			
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.	:	And the responsibility of the second

Name of Person Filing Roger E. Poole	File Number U-	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
Name and address of Business (including trade name, if any).	9. Business deals with:	
Name Chicago Equity		
Trade Name, if any:	a. Labor Organization	
P.O. Box, Bldg., Room No., if any	X b. Trust	
Street 180 North LaSalle Street - Ste.38	to the same of the	
Chicago		
State <u>IL</u> ZIP Code + 4 60601		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name District 9 Pension Trust Fund	Investment Manager	
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street 12365 St. Charles Rock Road	11.b. Approximate dollar value of such dealing. 126,000.00	
City Bridgeton	12.a. Nature of interest held or income received.	
State MO ZIP Code + 4 6 3 0 4 4	Two dinners, golf outing and ball game	
	12.b. Amount. 260 • 00	
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street		
City		
State ZIP Code + 4		
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	

Name of Person Filing Roger E. Poole	File Number U-	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
Name and address of Business (including trade name, if any).	9. Business deals with:	
Name Stoneridge Investment Partners	.04.10	
Trade Name, if any:	a. Labor Organization	
P.O. Box, Bldg., Room No., if any	X b. Trust	
Street 7 Great Valley Parkway - Ste. 290	G. Employer	
City Malvern		
State PA ZIP Code + 4 19355		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name District 9 Pension Trust Fund	Investment Manager	
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street 12365 St. Charles Rock Road		
	11.b. Approximate dollar value of such dealing. 144,000.00	
City Bridgeton	12.a. Nature of interest held or income received.	
State MO ZIP Code + 4 6 3 0 4 4	Dinner and golf outing	
	12.b. Amount. 185.00	
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money		
13.a. Name and address of Employer or Labor Relations Consultant	14.a. Nature of payment.	
(including trade name, if any).		
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street		
City		
State ZIP Code + 4		
	14.b. Amount of payment,	

Name of Person Filing Roger E. Poole	File Number U-	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
8. Name and address of Business (including trade name, if any). Name Fox Asset Management Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 775 California Avenue City Reno State NV ZIP Code + 4 89509	9. Business deals with: a. Labor Organization X b. Trust c. Employer	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name District 9 Pension Trust Fund Trade Name, if any: P.O. Box, Bldg., Room No., if any	Investment Manager	
Street 12365 St. Charles Rock Road	11.b. Approximate dollar value of such dealing.	
City Bridgeton	12.a. Nature of interest held or income received.	
State MO ZIP Code + 4 6 3 0 4 4	Dinner and golf outing	
	12.b. Amount. 155.00	
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	er parts A and B above) or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	
Name Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street		
City	Total control	
State ZIP Code + 4		
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	